Revision:		-PM-91 T 1991		(BPI)	OMB No.:	0938-
	State	/Terri	tor	у:	ALASKA		
Citation 42 CFR 447	5 5 1	4.18	Re	cipient	Cost Sharing and	i Similar Char	rges
through 44	– –		.)	deduct	the maximum allo	ce rates, and	copayments do not
1916(a) an of the Act		(b)	and (6 categorial cate	as specified in) below, with res rically needy or ciaries (as defin t) under the plar	spect to indiv as qualified ned in section	iduals covered as Medicare
			(1		enrollment fee, posed under the pl		milar charge is
			(2	cha	deductible, coins rge is imposed un lowing:		ment, or similar for the
				(i)	Services to indivunder	viduals under	age 18, or
					<u>/</u> / Age 19		
					/ Age 20		
					/ Age 21		
					Reasonable catego age 18 or older, charges apply are	but under age	
				(ii)	Services to pregr pregnancy or any		
	a				may complicate th		- Condition that
TN No. Supersedes	7/-/3	Appro	val	Date _	4/10/92	Effective Date	10/1/91
TN NoX	·/- ·	_			, ,	HCFA ID: 79	982E

	Revision:	HCFA-PM-91- 4 AUGUST 1991	(BP	OMB No.: 0938-
		State/Territory	·:	ALASKA
	Citation	4.18(b)(2) (Co	ntinued)
42 CFR 44 through 447.58		.51 (iii)	All services furnished to pregnant women.
	447.58			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
			(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
			(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
			(vi)	Family planning services and supplies furnished to individuals of childbearing age.
		(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.
	1916 of th P.L. 99-27 (Section 9	2,	iii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

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Supersedes 1-3 Approval Date 4/10/92 Effective Date 10/1/9/

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory:		ALASKA
Citation	4.18(b) (Co	ontinued	1)
42 CFR 447. through 447.58	51 (3)	applie copaym servic	s a waiver under 42 CFR 431.55(g) es, nominal deductible, coinsurance, ment, or similar charges are imposed for es that are not excluded from such charges item (b)(2) above.
			Not applicable. No such charges are imposed.
			any service, no more than one type of charge imposed.
	(:)		rges apply to services furnished to the lowing age groups:
			X 18 or older
			19 or older
			20 or older
			21 or older
			Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.
TN No. 94	/-017 Approval	. Date _	2/16/95 Effective Date 10/1/94
	TN No. 4/1-13		

Revision:	HCFA-PM-91-4
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(BPD)

OMB No.: 0938-

AUGUS	ST 1991		
	State/Territory:		ALASKA
Citation	4.18(b)(3)	(Conti	nued)
42 CFR 447. through 447		Medic	he categorically needy and qualified are beneficiaries, <u>ATTACHMENT 4.18-A</u> fies the:
		(A)	Service(s) for which a charge(s) is applied;
		(B)	Nature of the charge imposed on each service;
		(C)	Amount(s) of and basis for determining the charge(s);
		(D)	Method used to collect the charge(s);
		(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
		(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
		(G)	Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
			X Not applicable. There is no maximum.

TN No. 94-017 Approval Date 3/16/95 Effective Date 10/194 Supersedes TN No. 9/-13

Revision:	AUGUST 1991	(BPD)	OMB NO.: 0938-
	State/Territory	/:	ALASKA
Citation 1916(c) of the Act	£ 4.18(b)(4	1)	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52 and 1925(b of the Act	o)	5)	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
1916(d) of the Act	f 4.18(b)((5) [7	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

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	A-РМ-91- 4 (ВРD) ST 1991	OMB No.: 0938-
State	e/Territory:	ALASKA
Citation 42 CFR 447.51 through 447.58		dividuals are covered as medically needy under e plan. An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the
		amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 through 447.58	(2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
	(i) Services to individuals under age 18, or under
		<u>/</u> / Age 19
		<u>/_</u> / Age 20
		<u>/_</u> / Age 21
		Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
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TN No. 9/-/3 Supersedes	Approval Date	4/10/92 Effective Date 10/1/91

	Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	OMB No.: 0938-
State/Territory:			ory:	ALASKA
	Citation	4.18 (c)(2) (C	ontinued)
	42 CFR 447 through 447.58	.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
			(iii)	All services furnished to pregnant women.
				Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
			(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
			(v)	Emergency services if the services meet the requirements in 42 CFR $447.53(b)(4)$.
			(vi)	Family planning services and supplies furnished to individuals of childbearing age.
	1916 of th P.L. 99-27 (Section 9	2	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
	447.51 thr 447.58	ough	(viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
				/_/ Not applicable. No such charges are imposed.

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Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State/Territory:	:	ALASKA			
<u>Citation</u> 4.18(c)(3)		noi sii no	Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.			
			Not applicable. No such charges are imposed.			
(i)		(i)	For any service, no more than one type of charge is imposed.			
	(ii		Charges apply to services furnished to the following age group:			
			/_/ 18 or older			
			/_/ 19 or older			
			/_/ 20 or older			
			/_/ 21 or older			
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.			

TN No. 9/-/3
Supersedes Approval Date 4/10/92 Effective Date 10/1/91
TN No. 97-3

Revision:	HCFA-PM-91- 4 (BPD AUGUST 1991)	OMB No.: 0938-
	State/Territory: _		ALASKA
Citation	4.18(c)(3) (C	ontinue	d)
447.51 thr	cough (iii) For t	he medically needy, and other optional s, ATTACHMENT 4.18-C specifies the:
447.58		(A)	Service(s) for which charge(s) is applied;
		(B)	Nature of the charge imposed on each service;
		(C)	Amount(s) of and basis for determining the charge(s);
		(D)	Method used to collect the charge(s);
		(E)	Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
		(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
		(G)	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
			Not applicable. There is no maximum.
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